(c) the average annual quantity of steel out of total production sold to consumers of each category during the last four years; and

(d) to what extent the quantity sold is less than the demand of the consumers of each category?

THE MINISTER OF STEEL (SHRI RAM VILAS PASWAN): (a) and (b) No. There is no formal categorization of steel consumers for purchasing steel. However, the current sectoral consumption pattern may broadly be divided into Construction: 60%, Manufacturing: 32% and Automobile and Transportation: 8%.

(c) The estimated consumption by the above broad sectors during the last four years is given in the following table:—

(Million tonnes)

Sector	Consumption in 2004-05	Consumption in 2005-06	Consumption in 2006-07	Consumption in 2007-08 (Prov.)
Construction	22.3	25.4	28.7	30.1
Manufacturing	11.3	12.8	14.5	15.3
Automobile & Transport	2.8	3.2	3.6	3.9
Total Consumption	36.4	41.4	46.8	49.3

(d) The excess demand of steel not fulfilled by the domestic supply is bridged by imports. The data on import of finished carbon steel during the last five years is as under:—

Qty. '000 tonne

2003-04	2004-05	2005-06	2006-07	2007-08 (Prov.)
1540	2109	3850	4436	6732

MDR-TB Patients in the Country

*470. SHRI SANJAY RAUT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that daily 4400 TB patients die and number of MRD-TB patients is increasing in the country;

(b) if so, Government's response thereto;

(c) whether it is also a fact that around 20 per cent of TB patients, who are presently having TB, are actually availing re-treatment after having failed to comply with treatment regiments earlier, and

(d) if so, the details of steps taken or proposed to be taken by Government to tackle this deadly disease?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) As per the latest estimates the number of deaths attributable to TB daily is ~900. Revised National TB Control Programme (RNTCP), by implementation of internationally recommended DOTS strategy and consistent efforts, has been able to bring down the number of deaths from —1400 per day in the pre-RNTCP days to the current level. WHO global report 2008 estimates a decline in the deaths due to TB from 42/lakh population per year in 1990 to 28/lakh population per year in 2006.

Drug resistance surveillance studies undertaken in the past by premier institutes like Tuberculosis Research Centre (TRC), Chennai and National Tuberculosis Institute (NTI), Bangalore and the State

level studies undertaken in Gujarat and Maharashtra recently have shown that the prevalence of multi-drug resistant TB has not increased over the past several years and is estimated to be -3% in new cases and 12-17% in re-treatment cases. The ongoing drug resistance surveillance undertaken by the TRC in its study area, from 1999 to 2004, has actually shown a decrease in the prevalence of MDR-TB.

About 18% of all patients registered for treatment under RNTCP are re-treatment cases. However, large numbers of re-treatment cases are those who have taken non-standardized/inadequate/irregular treatment outside the programme in the past.

The Revised National TB Control Programme (RNTCP), which is based on WHO recommended DOTS strategy, is being implemented in the entire country. Under the programme, diagnosis and treatment facilities including the supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, more than 12000 microscopy centres have been established in the country.

Treatment centres (DOT centres) have been established near to residence of patients to the extent possible. All government hospitals. Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres asre DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers. Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

To increase accessibility to the facilities provided under the Programme, special emphasis is laid on the 1EC activities, involvement of NGOs, private sector and medical colleges under the programme.

The programme is in the process of establishing a network of accredited Culture and Drug Susceptibility testing Intermediate Reference Laboratories (1RL) across the country, at least one in each state, in a phased manner for diagnosis and follow up of MDR TB patients. The IRL at Gujarat and Maharashtra have been accredited recently. Another 10 IRLs are under the accreditation process and are expected to be accredited in 2008. The remaining IRLs will be established and accredited by 2009-10.

The diagnosed MDR cases will be treated as per the DOTS Plus guidelines developed by the programme, in line with the international recommendations. The treatment will be provided at the DOTS Plus sites at least one in each state, with qualified staff to manage the patients, and have a system to deliver ambulatory DOT after an initial short period of in-patient care. The DOTS plus services have been rolled out in the states of Gujarat and Maharashtra in 2007. Remaining states will be covered under DOTS Plus by 2009-10.

Janani Suraksha Yojana

*471. SHR1 SYED AZEEZ PASHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that proper utilization of Janani Suraksha Yojana (JSY) is not taking place because of difficulties in comprehending the guidelines;

(b) if so, the details thereof: and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c)No, Sir. The 100% centrally sponsored Janani Suraksha Yojana is being implemented by all the States/UTs. State Governments have not expressed difficulty in comprehending the scheme guidelines. The scheme has taken off well. The number of beneficiaries under the scheme has increased from 7.39 lakh during 2005-06 to 49.04 lakh in 2007-08 till December. 2007. The expenditure during the period has also increased from Rs. 38.30 crores to Rs. 521.82 crores.